

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Friends of Carolyn McCarthy

ADDRESS (number and street)

151 Linden Road

Check if different  
than previously  
reported. (ACC)

Mineola

NY

11501

2. FEC IDENTIFICATION NUMBER ▼

C

C00318931

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NY

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Margaret May

Signature of Treasurer

Margaret May

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 50

Write or Type Committee Name

Friends of Carolyn McCarthy

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	45913.17	736990.33
(b) Total Contribution Refunds (from Line 20(d)) .....	100.00	655.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	45813.17	736335.33
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	78728.94	760922.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	52.14	6855.90
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	78676.80	754066.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	649440.18	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Friends of Carolyn McCarthy

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

4620.00

115337.50

(ii) Unitemized .....

8293.17

396152.83

(iii) TOTAL of contributions from individuals ▶

12913.17

511490.33

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs) .....

33000.00

225500.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

45913.17

736990.33

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

52.14

6855.90

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

98.68

578.80

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

46063.99

744425.03

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 50

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	78728.94	760922.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	100.00	655.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	100.00	655.00
21. OTHER DISBURSEMENTS .....	1000.00	27800.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	79828.94	789377.22

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	683205.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	46063.99
25. SUBTOTAL (add Line 23 and Line 24).....	729269.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	79828.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	649440.18

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 50

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**CASH CASH****A.**

Mailing Address P.O. Box 190

City

Mineola

State

NY

Zip Code

11501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

n/a

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

223.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		08		2013

**Transaction ID : 40127.C186166**

Amount of Each Receipt this Period

10.00

Receipt

Full Name (Last, First, Middle Initial)

**CASH CASH****B.**

Mailing Address P.O. Box 190

City

Mineola

State

NY

Zip Code

11501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

n/a

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

233.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2013

**Transaction ID : 40127.C186278**

Amount of Each Receipt this Period

10.00

Receipt

Full Name (Last, First, Middle Initial)

**Audrey Cleary****C.**

Mailing Address 104 Seminole Avenue

City

Bismarck

State

ND

Zip Code

58501-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Homemaker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2013

**Transaction ID : 40127.C186282**

Amount of Each Receipt this Period

25.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

45.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial)

Walter Coddington

A.

Mailing Address 176 Balfour Drive

City

Winter Park

State

FL

Zip Code

32792-3434

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

295.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

Transaction ID : 40127.C186036

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

John Coffin

B.

Mailing Address 2639 E. 3rd Street

City

Tucson

State

AZ

Zip Code

85716-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2013

Transaction ID : 40127.C186078

Amount of Each Receipt this Period

200.00

Receipt

Full Name (Last, First, Middle Initial)

Mary Sue Donohue

C.

Mailing Address 3117 Lakeshore Dr.

City

Deerfield Beach

State

FL

Zip Code

33442-8465

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Lawyer

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2013

Transaction ID : 40127.C186204

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional).....

435.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**Robert Fernandez**

Mailing Address 11841 Cog Hill Drive

City

Whittier

State

CA

Zip Code

90601-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 07 / 2013

Transaction ID : 31009.C185989

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

**Donald Fowler**

Mailing Address 2725 Devine Street

City

Columbia

State

SC

Zip Code

29205-2411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fowler Communications, Inc.

Occupation

Public Relations Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 05 / 2013

Transaction ID : 40127.C186231

Amount of Each Receipt this Period

250.00

Receipt

Full Name (Last, First, Middle Initial)

**Peter Gollon**

Mailing Address 15 Eleanor Place

City

Huntington

State

NY

Zip Code

11743

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kassoy

Occupation

Retired Executive

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 16 / 2013

Transaction ID : 40127.C186244

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

800.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**John Goppelt**

Mailing Address 369 Exeter Road

City

Haverford

State

PA

Zip Code

19041-1084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Physician

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2013

Transaction ID : 31007.C185876

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

**Francis Greenburger**

Mailing Address 55 Fifth Ave., 15th Floor

City

New York

State

NY

Zip Code

10003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Time Equities, Inc.Occupation  
CEO

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2013

Transaction ID : 40127.C186026

Amount of Each Receipt this Period

250.00

Receipt

Full Name (Last, First, Middle Initial)

**Helen Hess**

Mailing Address 2845 N. Baker St.

City

Bakersfield

State

CA

Zip Code

93305-1839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bakersfield SymphonyOccupation  
Administrative Staff

Receipt For: 2014

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		25		2013

Transaction ID : 40127.C186205

Amount of Each Receipt this Period

75.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

375.00

**TOTAL** This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 50

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**Jacqueline Hooper**

Mailing Address 814 Westminster Cir. SW

City

Lenoir

State

NC

Zip Code

28645-5838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 25 / 2013

Transaction ID : 40127.C186096

Amount of Each Receipt this Period

50.00

Receipt

Full Name (Last, First, Middle Initial)

**Clay Kirk**

Mailing Address 320 East 72nd St. Apt. 5C

City

New York

State

NY

Zip Code

10021-4769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Investment Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 09 / 2013

Transaction ID : 31014.C186013

Amount of Each Receipt this Period

600.00

Receipt

Full Name (Last, First, Middle Initial)

**Mary Marshall**

Mailing Address 900 NW Lovejoy St., Apt. 714

City

Portland

State

OR

Zip Code

97209-3479

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation  
Retired Teacher

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 09 / 2013

Transaction ID : 40127.C186238

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

900.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial)

Peter Mc Cann

Mailing Address 7 Gracie Sq., Apt. 1B/2B

City

New York

State

NY

Zip Code

10028-8001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		27		2013

Transaction ID : 40127.C186285

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

Janice Meyers

Mailing Address 1646 W. Calle Del Norte

City

Chandler

State

AZ

Zip Code

85224-5129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		07		2013

Transaction ID : 31009.C185974

Amount of Each Receipt this Period

200.00

Receipt

Full Name (Last, First, Middle Initial)

Eleanor Orberg

Mailing Address 253 W. 73rd St., Apt. 4E

City

New York

State

NY

Zip Code

10023-2752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		02		2013

Transaction ID : 31007.C185884

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial)

Eleanor Orberg

A.

Mailing Address 253 W. 73rd St., Apt. 4E

City

New York

State

NY

Zip Code

10023-2752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2013

Transaction ID : 31007.C185883

Amount of Each Receipt this Period

500.00

Receipt

Full Name (Last, First, Middle Initial)

Evelyn Proctor

B.

Mailing Address 139-50 35th Ave, Apt. 4D

City

Flushing

State

NY

Zip Code

11354-3502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2013

Transaction ID : 40127.C186279

Amount of Each Receipt this Period

30.00

Receipt

Full Name (Last, First, Middle Initial)

Bernard Rader

C.

Mailing Address 191 Wilson Place

City

Freeport

State

NY

Zip Code

11520-2612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2013

Transaction ID : 40127.C186262

Amount of Each Receipt this Period

100.00

Receipt

SUBTOTAL of Receipts This Page (optional).....

630.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial)

Werner Wilhelm

A.

Mailing Address 29119 34th Ave. S.

City

Auburn

State

WA

Zip Code

98001-1460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

235.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		16		2013

Transaction ID : 40127.C186245

Amount of Each Receipt this Period

35.00

Receipt

Full Name (Last, First, Middle Initial)

Diane Wohl

B.

Mailing Address 141 Heather Lane

City

Mill Neck

State

NY

Zip Code

11765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Real Estate Prop Management

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2013

Transaction ID : 31009.C185991

Amount of Each Receipt this Period

500.00

Earmarked(Receipt)

Full Name (Last, First, Middle Initial)

Actblue

C.

Mailing Address P. O. Box 382110

City

Cambridge

State

MA

Zip Code

02238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Other

Election Cycle-to-Date

12001.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		07		2013

Transaction ID : CM37131009.C185991

Amount of Each Receipt this Period

500.00

Memo - Conduit memo total

[MEMO ITEM]

Earmarked Memo - Conduit total

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

535.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial)

A. Jean Yngve

Mailing Address 28 Crest Drive

City

Chesterton

State

IN

Zip Code

46304-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2013

Transaction ID : 31007.C185869

Amount of Each Receipt this Period

100.00

Receipt

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

100.00

4620.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 50

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. American Society of Plastic**

Mailing Address Surgeons, Inc. PAC

20 F Street, NW, #310A

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C** C00249342

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2013

**Transaction ID : 40127.C186058**

Amount of Each Receipt this Period

2000.00

Receipt

Full Name (Last, First, Middle Initial)

**B. Build Political Action Committee of the**

Mailing Address National Association of Home Build

1201 15th Street N. W.

City

Washington

State

DC

Zip Code

20005-2800

FEC ID number of contributing  
federal political committee.

**C** C00000901

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 27 / 2013

**Transaction ID : 40127.C186301**

Amount of Each Receipt this Period

2500.00

Receipt

Full Name (Last, First, Middle Initial)

**C. Citigroup Inc. PAC**

Mailing Address 1101 Pennsylvania Ave. NW

Suite 1000

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C** C00008474

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 16 / 2013

**Transaction ID : 40127.C186060**

Amount of Each Receipt this Period

1500.00

Earmarked(Receipt)

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 50

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**New Democrat Coalition PAC**

Mailing Address 700 13th Street NW, Ste. 600

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C** C00409730

Name of Employer

Occupation

Receipt For: 2014

☐ Primary

☐ General

☒ Other (specify)

Other

Election Cycle-to-Date

35000.00

Date of Receipt

**10** / **16** / **2013**

**Transaction ID : CM44440127.C186060**

Amount of Each Receipt this Period

1500.00

Memo - Conduit memo total

**[MEMO ITEM]**

Earmarked Memo - Conduit total

Full Name (Last, First, Middle Initial)

**CWA COPE PAC**

Mailing Address 501 3rd Street N.W.

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C** C70000211

Name of Employer

Occupation

Receipt For: 2014

☒ Primary

☐ General

☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

**10** / **08** / **2013**

**Transaction ID : 31014.C186006**

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

**Erie Insurance PAC**

Mailing Address P. O. Box 1699

City

Erie

State

PA

Zip Code

16530

FEC ID number of contributing  
federal political committee.

**C** C00153577

Name of Employer

Occupation

Receipt For: 2014

☒ Primary

☐ General

☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

**12** / **16** / **2013**

**Transaction ID : 40127.C186251**

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

2000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 50

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**Husky PAC****A.**

Mailing Address 501 Capitol Ct. NE, Ste. 100

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.**C**

C00464727

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

**Transaction ID : 40127.C186059**

Amount of Each Receipt this Period

1000.00

Earmarked(Receipt)

Full Name (Last, First, Middle Initial)

**New Democrat Coalition PAC****B.**

Mailing Address 700 13th Street NW, Ste. 600

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.**C**

C00409730

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Other

Election Cycle-to-Date

33500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

**Transaction ID : CM44340127.C186059**

Amount of Each Receipt this Period

1000.00

Memo - Conduit memo total

**[MEMO ITEM]**

Earmarked Memo - Conduit total

Full Name (Last, First, Middle Initial)

**Lockheed Martin Employees PAC****C.**

Mailing Address 2121 Crystal Dr.. Suite 100

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing  
federal political committee.**C**

C00303024

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2013

**Transaction ID : 31014.C186007**

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

2000.00

**TOTAL** This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 50

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial)

National Association of Mutual

A.

Mailing Address Insurance Companies PAC

3601 Vincennes Rd., Box 68700

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing  
federal political committee.

C C00170258

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2013

Transaction ID : 40127.C186277

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

Off the Sidelines PAC

B.

Mailing Address 124 Washington St., Ste. 101

City

Foxboro

State

MA

Zip Code

02035

FEC ID number of contributing  
federal political committee.

C C00525600

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2013

Transaction ID : 40127.C186299

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

Off the Sidelines PAC

C.

Mailing Address 124 Washington St., Ste. 101

City

Foxboro

State

MA

Zip Code

02035

FEC ID number of contributing  
federal political committee.

C C00525600

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2013

Transaction ID : 40127.C186300

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional).....

11000.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 50

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**Primerica, Inc. PAC****A.**

Mailing Address 1 Primerica Parkway

City

Duluth

State

GA

Zip Code

30099

FEC ID number of contributing  
federal political committee.**C** C00521914

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

**Transaction ID : 40127.C186089**

Amount of Each Receipt this Period

1000.00

Earmarked(Receipt)

Full Name (Last, First, Middle Initial)

**New Democrat Coalition PAC****B.**

Mailing Address 700 13th Street NW, Ste. 600

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.**C** C00409730

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☐ General  
☒ Other (specify) Other

Election Cycle-to-Date

36000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

**Transaction ID : CM39040127.C186089**

Amount of Each Receipt this Period

1000.00

Memo - Conduit memo total

**[MEMO ITEM]**

Earmarked Memo - Conduit total

Full Name (Last, First, Middle Initial)

**Prudential Financial Inc.****C.**Mailing Address Political Action Committee  
751 Broad Street

City

Newark

State

NJ

Zip Code

07102

FEC ID number of contributing  
federal political committee.**C** C00127779

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2013

**Transaction ID : 40127.C186265**

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

6000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**The PAC of Credit Union National Assoc.**

Mailing Address 601 Pennsylvania Ave. NW  
South Bldg., Suite 600

City	State	Zip Code
Washington	DC	20004-2601

FEC ID number of contributing  
federal political committee.

**C** C00007880

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2013

Transaction ID : 31007.C185935

Amount of Each Receipt this Period

500.00

Receipt

Full Name (Last, First, Middle Initial)

**The PAC of Credit Union National Assoc.**

Mailing Address 601 Pennsylvania Ave. NW  
South Bldg., Suite 600

City	State	Zip Code
Washington	DC	20004-2601

FEC ID number of contributing  
federal political committee.

**C** C00007880

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2013

Transaction ID : 31007.C185936

Amount of Each Receipt this Period

500.00

Receipt

Full Name (Last, First, Middle Initial)

**UBS Americas Fund**

Mailing Address For Better Government  
1501 K St. NW, Suite 1100

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing  
federal political committee.

**C** C00012245

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2013

Transaction ID : 40127.C186264

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6000.00

33000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 50

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input checked="" type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial)

Capital One Bank

Mailing Address 210 Mineola Blvd

City

Mineola

State

NY

Zip Code

11501-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

513.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Transaction ID : 40127.C186254

Amount of Each Receipt this Period

33.24

Other Receipt

Full Name (Last, First, Middle Initial)

Capital One Bank

Mailing Address 210 Mineola Blvd

City

Mineola

State

NY

Zip Code

11501-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

545.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2013

Transaction ID : 40127.C186253

Amount of Each Receipt this Period

32.18

Other Receipt

Full Name (Last, First, Middle Initial)

Capital One Bank

Mailing Address 210 Mineola Blvd

City

Mineola

State

NY

Zip Code

11501-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

578.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2013

Transaction ID : 40127.C186304

Amount of Each Receipt this Period

33.26

Other Receipt

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

98.68

98.68

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. Actblue**

Mailing Address P. O. Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Contribution Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2013

Amount of Each Disbursement this Period

23.66
-------

Transaction ID : 40127.E9027

CONTRIBUTION PROCESSING FEES

**B. Actblue**

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Contribution Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2013

Amount of Each Disbursement this Period

0.64
------

Transaction ID : 40127.E8971

CONTRIBUTION PROCESSING FEES

**C. Actblue**

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Contribution Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2013

Amount of Each Disbursement this Period

0.04
------

Transaction ID : 40127.E9026

CONTRIBUTION PROCESSING FEES

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

24.34
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. Actblue**

Mailing Address P. O. Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Contribution Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		17		2013

Amount of Each Disbursement this Period

0.04
------

Transaction ID : 40127.E9020

CONTRIBUTION PROCESSING FEES

**B. Actblue**

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Contribution Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		24		2013

Amount of Each Disbursement this Period

1.82
------

Transaction ID : 40127.E9019

CONTRIBUTION PROCESSING FEES

**C. Actblue**

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Contribution Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2013

Amount of Each Disbursement this Period

0.38
------

Transaction ID : 40127.E9021

CONTRIBUTION PROCESSING FEES

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2.24
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. Actblue**

Mailing Address P. O. Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Contribution Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		08		2013

Amount of Each Disbursement this Period

0.04
------

Transaction ID : 40127.E9023

CONTRIBUTION PROCESSING FEES

**B. Actblue**

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Contribution Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2013

Amount of Each Disbursement this Period

0.99
------

Transaction ID : 40127.E9022

CONTRIBUTION PROCESSING FEES

**C. Actblue**

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Contribution Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		27		2013

Amount of Each Disbursement this Period

0.67
------

Transaction ID : 40127.E9052

CONTRIBUTION PROCESSING FEES

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1.70
------



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. Actblue**

Mailing Address P. O. Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Contribution Processing Fees

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2013

Amount of Each Disbursement this Period

0.99
------

Transaction ID : 40127.E9054

CONTRIBUTION PROCESSING FEES

**B. Actblue**

Mailing Address P. O. Box 382110

City	State	Zip Code
Cambridge	MA	02238-2110

Purpose of Disbursement  
Contribution Processing Fees

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2013

Amount of Each Disbursement this Period

1.57
------

Transaction ID : 40127.E9053

CONTRIBUTION PROCESSING FEES

**c. American Express**

Mailing Address P.O. Box 1270

City	State	Zip Code
Newark	NJ	07101-1270

Purpose of Disbursement  
See Below

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2013

Amount of Each Disbursement this Period

150.80
--------

Transaction ID : 40127.E8973

SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

153.36

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. Westy Storage Center**

Mailing Address 65 West John Street

City	State	Zip Code
Hicksville	NY	11801-

Purpose of Disbursement  
Storage-CC

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2013

Amount of Each Disbursement this Period

20.00
-------

Transaction ID : 40127.E8974

**[MEMO ITEM]**

MEMO: STORAGE-CC

**B. E-ZPass Customer Service Center**

Mailing Address P.O. Box 149004

City	State	Zip Code
Staten Island	NY	10314-9004

Purpose of Disbursement  
tolls-CC

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2013

Amount of Each Disbursement this Period

95.00
-------

Transaction ID : 40127.E8975

**[MEMO ITEM]**

MEMO: TOLLS-CC

**c. Poland Springs Water**

Mailing Address 215 6661 Dixie Hwy Ste 4

City	State	Zip Code
Louisville	KY	40258-

Purpose of Disbursement  
Water-CC

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2013

Amount of Each Disbursement this Period

11.94
-------

Transaction ID : 40127.E8978

**[MEMO ITEM]**

MEMO: WATER-CC

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address P.O. Box 1270

City	State	Zip Code
Newark	NJ	07101-1270

Purpose of Disbursement  
See Below

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 26 / 2013

Amount of Each Disbursement this Period

170.60
--------

Transaction ID : 40127.E9031

SEE BELOW

**B. Westy Storage Center**

Mailing Address 65 West John Street

City	State	Zip Code
Hicksville	NY	11801-

Purpose of Disbursement  
Storage-CC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 26 / 2013

Amount of Each Disbursement this Period

136.00
--------

Transaction ID : 40127.E9032

[MEMO ITEM]

MEMO: STORAGE-CC

**c. Poland Springs Water**

Mailing Address 215 6661 Dixie Hwy Ste 4

City	State	Zip Code
Louisville	KY	40258-

Purpose of Disbursement  
Water-CC

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 26 / 2013

Amount of Each Disbursement this Period

34.60
-------

Transaction ID : 40127.E9033

[MEMO ITEM]

MEMO: WATER-CC

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

170.60
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address P.O. Box 1270

City	State	Zip Code
Newark	NJ	07101-1270

Purpose of Disbursement  
See Below

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
12 / 20 / 2013

Amount of Each Disbursement this Period

2491.51
---------

Transaction ID : 40127.E9034

SEE BELOW

**B. Aristotle International, Inc**

Mailing Address 205 Pennsylvania Ave. SE

City	State	Zip Code
Washington	DC	20003-

Purpose of Disbursement  
Software Maintenance

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
12 / 20 / 2013

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : 40127.E9036

[MEMO ITEM]

MEMO: SOFTWARE MAINTENANCE

**C. Mineola Postmaster**

Mailing Address 160 1st Street

City	State	Zip Code
Mineola	NY	11501-9998

Purpose of Disbursement  
Postage-CC

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
12 / 20 / 2013

Amount of Each Disbursement this Period

794.40
--------

Transaction ID : 40127.E9037

[MEMO ITEM]

MEMO: POSTAGE-CC

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2491.51

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial)

**A. Poland Springs Water**

Mailing Address 215 6661 Dixie Hwy Ste 4

City	State	Zip Code
Louisville	KY	40258-

Purpose of Disbursement  
Water-CC

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		20		2013

Amount of Each Disbursement this Period

24.84
-------

Transaction ID : 40127.E9038

**[MEMO ITEM]**

MEMO: WATER-CC

**B. American Express Merchant Services**

Mailing Address P.O. Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2013

Amount of Each Disbursement this Period

7.95
------

Transaction ID : 31007.E8931

CREDIT CARD PROCESSING FEES

**C. American Express Merchant Services**

Mailing Address P.O. Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2013

Amount of Each Disbursement this Period

5.71
------

Transaction ID : 40127.E8968

CREDIT CARD PROCESSING FEES

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

13.66
-------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial)

**A. American Express Merchant Services**

Mailing Address P.O. Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2013

Amount of Each Disbursement this Period

0.87
------

Transaction ID : 40127.E8967

CREDIT CARD PROCESSING FEES

**B. American Express Merchant Services**

Mailing Address P.O. Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		04		2013

Amount of Each Disbursement this Period

1.61
------

Transaction ID : 40127.E8966

CREDIT CARD PROCESSING FEES

**C. American Express Merchant Services**

Mailing Address P.O. Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2013

Amount of Each Disbursement this Period

18.81
-------

Transaction ID : 40127.E8965

CREDIT CARD PROCESSING FEES

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

21.29

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial)

**A. American Express Merchant Services**

Mailing Address P.O. Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2013

Amount of Each Disbursement this Period

7.38
------

Transaction ID : 40127.E8964

CREDIT CARD PROCESSING FEES

**B. American Express Merchant Services**

Mailing Address P.O. Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2013

Amount of Each Disbursement this Period

7.95
------

Transaction ID : 40127.E9015

CREDIT CARD PROCESSING FEES

**C. American Express Merchant Services**

Mailing Address P.O. Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2013

Amount of Each Disbursement this Period

0.29
------

Transaction ID : 40127.E9016

CREDIT CARD PROCESSING FEES

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

15.62
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**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial)

**A. American Express Merchant Services**

Mailing Address P.O. Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		02		2013

Amount of Each Disbursement this Period

7.95
------

Transaction ID : 40127.E9014

CREDIT CARD PROCESSING FEES

**B. American Express Merchant Services**

Mailing Address P.O. Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2013

Amount of Each Disbursement this Period

0.29
------

Transaction ID : 40127.E9057

CREDIT CARD PROCESSING FEES

**C. American Express Merchant Services**

Mailing Address P.O. Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2013

Amount of Each Disbursement this Period

7.95
------

Transaction ID : 40127.E9044

CREDIT CARD PROCESSING FEES

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

16.19
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. Anne Lewis Strategies LLC**

Mailing Address 2801 M Street NW

City	State	Zip Code
Washington	DC	20007-

Purpose of Disbursement  
internet fundraising

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2013

Amount of Each Disbursement this Period

5010.87
---------

**Transaction ID : 31014.E8958**

INTERNET FUNDRAISING

**B. Anne Lewis Strategies LLC**

Mailing Address 2801 M Street NW

City	State	Zip Code
Washington	DC	20007-

Purpose of Disbursement  
internet fundraising

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2013

Amount of Each Disbursement this Period

5000.00
---------

**Transaction ID : 40127.E8984**

INTERNET FUNDRAISING

**C. Anne Lewis Strategies LLC**

Mailing Address 2801 M Street NW

City	State	Zip Code
Washington	DC	20007-

Purpose of Disbursement  
internet fundraising

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2013

Amount of Each Disbursement this Period

5000.00
---------

**Transaction ID : 40127.E8990**

INTERNET FUNDRAISING

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

15010.87
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. Authorize.Net Corporation**

Mailing Address 915 South 500 East Suite 200

City	State	Zip Code
American Fork	UT	84003-

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2013

Amount of Each Disbursement this Period

46.50
-------

Transaction ID : 40127.E8970

CREDIT CARD PROCESSING FEES

**B. Authorize.Net Corporation**

Mailing Address 915 South 500 East Suite 200

City	State	Zip Code
American Fork	UT	84003-

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2013

Amount of Each Disbursement this Period

24.50
-------

Transaction ID : 40127.E9018

CREDIT CARD PROCESSING FEES

**C. Authorize.Net Corporation**

Mailing Address 915 South 500 East Suite 200

City	State	Zip Code
American Fork	UT	84003-

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2013

Amount of Each Disbursement this Period

20.20
-------

Transaction ID : 40127.E9017

CREDIT CARD PROCESSING FEES

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

91.20

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. Cablevision of L.I.**

Mailing Address One Media Crossways

City	State	Zip Code
Woodbury	NY	11797-

Purpose of Disbursement  
Cable Phone & Internet

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2013

Amount of Each Disbursement this Period

236.93
--------

Transaction ID : 40127.E8979

CABLE PHONE &amp; INTERNET

**B. Cablevision of L.I.**

Mailing Address One Media Crossways

City	State	Zip Code
Woodbury	NY	11797-

Purpose of Disbursement  
Cable Phone Internet

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2013

Amount of Each Disbursement this Period

236.91
--------

Transaction ID : 40127.E8985

CABLE PHONE INTERNET

**c. Cablevision of L.I.**

Mailing Address One Media Crossways

City	State	Zip Code
Woodbury	NY	11797-

Purpose of Disbursement  
Cable Phone Internet

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		20		2013

Amount of Each Disbursement this Period

236.92
--------

Transaction ID : 40127.E9049

CABLE PHONE INTERNET

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

710.76

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. East Williston Florist**

Mailing Address 131 C Jericho Turnpike

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2013

City	State	Zip Code
Mineola	NY	11501-

Amount of Each Disbursement this Period

72.24
-------

Purpose of Disbursement  
FlowersCategory/  
Type**Transaction ID : 40127.E8993**

Candidate Name

FLOWERS

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

Full Name (Last, First, Middle Initial)

**B. Erickson & Company, Inc**

Mailing Address 38 Ivy Street, SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2013

City	State	Zip Code
Washington	DC	20003-

Amount of Each Disbursement this Period

3574.25
---------

Purpose of Disbursement  
Fundraising ConsultingCategory/  
Type**Transaction ID : 31014.E8959**

Candidate Name

FUNDRAISING CONSULTING

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

Full Name (Last, First, Middle Initial)

**C. Erickson & Company, Inc**

Mailing Address 38 Ivy Street, SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2013

City	State	Zip Code
Washington	DC	20003-

Amount of Each Disbursement this Period

3578.25
---------

Purpose of Disbursement  
Fundraising ConsultingCategory/  
Type**Transaction ID : 40127.E8980**

Candidate Name

FUNDRAISING CONSULTING

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7224.74

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. Erickson & Company, Inc**

Mailing Address 38 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003-

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
12 / 12 / 2013

Amount of Each Disbursement this Period

3593.23
---------

Transaction ID : 40127.E8991

FUNDRAISING CONSULTING

**B. Erickson & Company, Inc**

Mailing Address 38 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003-

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
12 / 19 / 2013

Amount of Each Disbursement this Period

3680.50
---------

Transaction ID : 40127.E9048

FUNDRAISING CONSULTING

**c. Flanzig & Flanzig, LLP**

Mailing Address 323 Willis Avenue

City	State	Zip Code
Mineola	NY	11501-

Purpose of Disbursement  
rent & maintenance

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:	Primary	General
	Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
10 / 02 / 2013

Amount of Each Disbursement this Period

650.00
--------

Transaction ID : 31007.E8937

RENT &amp; MAINTENANCE

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7923.73

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. Flanzig & Flanzig, LLP**

Mailing Address 323 Willis Avenue

City	State	Zip Code
Mineola	NY	11501-

Purpose of Disbursement  
rent & maintenance

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2013

Amount of Each Disbursement this Period

650.00
--------

Transaction ID : 40127.E8983

RENT &amp; MAINTENANCE

**B. Flanzig & Flanzig, LLP**

Mailing Address 323 Willis Avenue

City	State	Zip Code
Mineola	NY	11501-

Purpose of Disbursement  
rent & maintenance

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2013

Amount of Each Disbursement this Period

650.00
--------

Transaction ID : 40127.E8986

RENT &amp; MAINTENANCE

**C. InfoGroup Nonprofit**

Mailing Address P. O. Box 3243

City	State	Zip Code
Omaha	NE	68103-

Purpose of Disbursement  
direct mail

Candidate Name

Office Sought:	House
	Senate
	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2013

Amount of Each Disbursement this Period

1056.43
---------

Transaction ID : 31014.E8960

DIRECT MAIL

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2356.43

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial)

**A. Liberty Concepts LLC**

Mailing Address 119 Briantree Street, Ste 602

City	State	Zip Code
Allston	MA	02134-

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2013

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : 31014.E8961

WEBSITE EXPENSE

**B. Liberty Concepts LLC**

Mailing Address 119 Briantree Street, Ste 602

City	State	Zip Code
Allston	MA	02134-

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2013

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : 40127.E8987

WEBSITE EXPENSE

**c. Liberty Concepts LLC**

Mailing Address 119 Briantree Street, Ste 602

City	State	Zip Code
Allston	MA	02134-

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2013

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : 40127.E8992

WEBSITE EXPENSE

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1200.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. Margaret May**

Mailing Address 151 Linden Rd

City	State	Zip Code
Mineola	NY	11501-

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2013

Amount of Each Disbursement this Period

3102.27
---------

Transaction ID : 40127.E9000

PAYROLL

**B. Margaret May**

Mailing Address 151 Linden Rd

City	State	Zip Code
Mineola	NY	11501-

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2013

Amount of Each Disbursement this Period

3383.85
---------

Transaction ID : 40127.E9002

PAYROLL

**c. Margaret May**

Mailing Address 151 Linden Rd

City	State	Zip Code
Mineola	NY	11501-

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2013

Amount of Each Disbursement this Period

3102.28
---------

Transaction ID : 40127.E9001

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9588.40



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. Margaret May**

Mailing Address 151 Linden Rd

City	State	Zip Code
Mineola	NY	11501-

Purpose of Disbursement  
gratuities

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2013

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : 40127.E8989

GRATUITIES

**B. Margaret May**

Mailing Address 151 Linden Rd

City	State	Zip Code
Mineola	NY	11501-

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		27		2013

Amount of Each Disbursement this Period

3102.27
---------

Transaction ID : 40127.E9003

PAYROLL

**c. Mary Ellen Mendelsohn**

Mailing Address 5 Bevin Rd

City	State	Zip Code
Northport	NY	11768-

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2013

Amount of Each Disbursement this Period

1781.15
---------

Transaction ID : 40127.E9004

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5083.42

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 OF 50

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. Mary Ellen Mendelsohn**

Mailing Address 5 Bevin Rd

City State Zip Code  
Northport NY 11768-

Purpose of Disbursement  
payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 26 / 2013

Amount of Each Disbursement this Period

1781.15

Transaction ID : 40127.E9005

PAYROLL

Full Name (Last, First, Middle Initial)

**B. Mary Ellen Mendelsohn**

Mailing Address 5 Bevin Rd

City State Zip Code  
Northport NY 11768-

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 26 / 2013

Amount of Each Disbursement this Period

1990.50

Transaction ID : 40127.E9006

PAYROLL

Full Name (Last, First, Middle Initial)

**c. Mary Ellen Mendelsohn**

Mailing Address 5 Bevin Rd

City State Zip Code  
Northport NY 11768-

Purpose of Disbursement  
Payroll

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
12 / 27 / 2013

Amount of Each Disbursement this Period

1781.15

Transaction ID : 40127.E9007

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5552.80

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Carolyn McCarthy

Full Name (Last, First, Middle Initial)

**A. Names In The News**

Mailing Address 180 Grand Ave. Ste 1545

City	State	Zip Code
Oakland	CA	94612-3799

Purpose of Disbursement  
Direct Mail

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2013

Amount of Each Disbursement this Period

75.00
-------

Transaction ID : 31014.E8962

DIRECT MAIL

**B. Payment Alliance Intl**

Mailing Address 1665 Palm Beach Lakes Blvd Ste 200

City	State	Zip Code
West Palm Beach	FL	33401-

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2013

Amount of Each Disbursement this Period

162.34
--------

Transaction ID : 40127.E8969

CREDIT CARD PROCESSING FEES

**c. Payment Alliance Intl**

Mailing Address 1665 Palm Beach Lakes Blvd Ste 200

City	State	Zip Code
West Palm Beach	FL	33401-

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2013

Amount of Each Disbursement this Period

77.16
-------

Transaction ID : 40127.E9013

CREDIT CARD PROCESSING FEES

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

314.50

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. Payment Alliance Intl**

Mailing Address 1665 Palm Beach Lakes Blvd Ste 200

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2013

City	State	Zip Code
West Palm Beach	FL	33401-

Amount of Each Disbursement this Period

2645.92
---------

Purpose of Disbursement  
Credit Card Processing Fees

Transaction ID : 40127.E9012

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

CREDIT CARD PROCESSING FEES

State:

District:

Full Name (Last, First, Middle Initial)

**B. PBI Payroll**

Mailing Address 580 Mineola Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2013

City	State	Zip Code
Carle Place	NY	11514-

Amount of Each Disbursement this Period

2449.68
---------

Purpose of Disbursement  
employment taxes

Transaction ID : 40127.E8997

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

EMPLOYMENT TAXES

State:

District:

Full Name (Last, First, Middle Initial)

**c. PBI Payroll**

Mailing Address 580 Mineola Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2013

City	State	Zip Code
Carle Place	NY	11514-

Amount of Each Disbursement this Period

150.53
--------

Purpose of Disbursement  
Payroll Processing Fees

Transaction ID : 40127.E8994

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

PAYROLL PROCESSING FEES

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2645.92

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. PBI Payroll**

Mailing Address 580 Mineola Avenue

City	State	Zip Code
Carle Place	NY	11514-

Purpose of Disbursement  
employment taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2013

Amount of Each Disbursement this Period

5865.32
---------

Transaction ID : 40127.E8998

EMPLOYMENT TAXES

**B. PBI Payroll**

Mailing Address 580 Mineola Avenue

City	State	Zip Code
Carle Place	NY	11514-

Purpose of Disbursement  
Payroll Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2013

Amount of Each Disbursement this Period

67.87
-------

Transaction ID : 40127.E8995

PAYROLL PROCESSING FEES

**c. PBI Payroll**

Mailing Address 580 Mineola Avenue

City	State	Zip Code
Carle Place	NY	11514-

Purpose of Disbursement  
Payroll Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		27		2013

Amount of Each Disbursement this Period

154.93
--------

Transaction ID : 40127.E8996

PAYROLL PROCESSING FEES

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6088.12

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. PBI Payroll**

Mailing Address 580 Mineola Avenue

City	State	Zip Code
Carle Place	NY	11514-

Purpose of Disbursement  
employment taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		27		2013

Amount of Each Disbursement this Period

2608.08
---------

Transaction ID : 40127.E8999

EMPLOYMENT TAXES

**B. Judith Roche**

Mailing Address 59 Woodbine Dr. E.

City	State	Zip Code
Hicksville	NY	11801-6049

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2013

Amount of Each Disbursement this Period

431.69
--------

Transaction ID : 40127.E9008

PAYROLL

**c. Judith Roche**

Mailing Address 59 Woodbine Dr. E.

City	State	Zip Code
Hicksville	NY	11801-6049

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2013

Amount of Each Disbursement this Period

165.33
--------

Transaction ID : 40127.E9009

PAYROLL

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3205.10

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. Judith Roche**

Mailing Address 59 Woodbine Dr. E.

City	State	Zip Code
Hicksville	NY	11801-6049

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
11 / 26 / 2013

Amount of Each Disbursement this Period

690.93
--------

Transaction ID : 40127.E9010

PAYROLL

**B. Judith Roche**

Mailing Address 59 Woodbine Dr. E.

City	State	Zip Code
Hicksville	NY	11801-6049

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
12 / 31 / 2013

Amount of Each Disbursement this Period

247.99
--------

Transaction ID : 40127.E9011

PAYROLL

**c. Salsa Labs, Inc.**Mailing Address 1700 Connecticut Ave. NW  
Suite 403

City	State	Zip Code
Washington	DC	20009-

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

Date of Disbursement

M M / D D / Y Y Y Y
11 / 01 / 2013

Amount of Each Disbursement this Period

350.00
--------

Transaction ID : 40127.E8982

WEBSITE EXPENSE

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1288.92

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. Salsa Labs, Inc.**Mailing Address 1700 Connecticut Ave. NW  
Suite 403

City Washington State DC Zip Code 20009-

Purpose of Disbursement  
Website Expense

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2013

Amount of Each Disbursement this Period

350.00
--------

Transaction ID : 40127.E8988

WEBSITE EXPENSE

**B. Staples**

Mailing Address 2310 Jericho Turnpike

City New Hyde Park State NY Zip Code 11040-

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2013

Amount of Each Disbursement this Period

105.71
--------

Transaction ID : 31014.E8957

OFFICE SUPPLIES

**C. Tuttle & Tuttle**

Mailing Address 12 Fort Williams Parkway

City Alexandria State VA Zip Code 22304-

Purpose of Disbursement  
printing - holiday cards

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		20		2013

Amount of Each Disbursement this Period

4524.80
---------

Transaction ID : 40127.E9046

PRINTING - HOLIDAY CARDS

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4980.51



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 50

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Friends of Carolyn McCarthy**

Full Name (Last, First, Middle Initial)

**A. US Postmaster**Mailing Address 22780 Indian Creek Drive  
c/o ASAPfast

City Dulles State VA Zip Code 20166-

Purpose of Disbursement  
Postage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2013

Amount of Each Disbursement this Period

2070.00
---------

Transaction ID : 40127.E9029

POSTAGE

**B. Verizon Wireless**

Mailing Address P.O. Box 489

City Newark State NJ Zip Code 07101-0489

Purpose of Disbursement  
Cell Phone Service

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2013

Amount of Each Disbursement this Period

22.79
-------

Transaction ID : 40127.E8981

CELL PHONE SERVICE

**c. Verizon Wireless**

Mailing Address P.O. Box 489

City Newark State NJ Zip Code 07101-0489

Purpose of Disbursement  
cell phone service

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2013

Amount of Each Disbursement this Period

227.96
--------

Transaction ID : 40127.E9050

CELL PHONE SERVICE

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2320.75

78513.94

